Form (RI	~-3	1
----------	-----	---

Change in Compan	y's premium or rate level produced by rate
revision effective	8/1/05

	(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
1	Automobile Liability		
٠.	Private Passenger		
	Commercial		
2	Automobile Physical Damage	****	·
۷.	Private Passenger		
	Commercial		
3	Liability Other Than Auto		
4.	Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
5.	•		
6.			
	Surety		·
	Boiler and Machinery	\$127,908	-20.0%
	Fire		
	Extended Coverage		
	Inland Marine		· · · · · · · · · · · · · · · · · · ·
	-Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory(s) or	r certain class(s)? If so, specify:	
			,
	f description of filing. (If filing follows rate		cify organization):
	ption of ISO's Revised Loss Costs using	our current loss cost multiplier of	
1.63) BM-2004-RLA1	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRIECE WED

FEB 1 5 2005

SPRINGFIELD, ILLINOIS

AMERICAN HOME ASSURANCE COMPANY

Name of Company

Dorothy L. Todd

Official - Title

Form (F	(F-3)
---------	-------

Change in Compar	y's premium or rate level produced by rate
revision effective	8/1/05

	(1)	(2)	(3)
	_	Statewide Annual	Percent Change
	_ Coverage	Premium Volume *	<u>(+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	\$1,000	-20.0%
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12	-Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	s filing only apply to certain territory(s) or	certain class(s)? If so, specify:	
Drio	f description of filing. (If filing follows rate	se of an advisory organization, spe	cify organization);
	ption of ISO's Revised Loss Costs using		ony organization).
1.63	<u> </u>		
1.00	TOO I TEVISION DESIGNATION #(5)	J DIN 2007-INDAT	

* Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE

STATE OF ILLINOIS/IDFPR

BIRMINGHAM FIRE INSURANCE COMPANY OF PA

FEB 1.5 2005

SPRINGFIELD, ILLINOIS

BIRMINGHAM FIRE INSURANCE COMPANY OF PA

Name of Company

Dorothy L. Todd

Official - Title

Form ((RF-3)
--------	--------

Change in Compan	y's premium or rate level produced by rate
revision effective	8/1/05

	(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		 -
	Commercial		<u> </u>
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto	<u></u>	
	Burglary and Theft	-	
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery	\$65,627	
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners —		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory(s)	or certain class(s)? If so specify:	
DOG	3 ming only apply to certain territory(3)	or cortain class(s): 11 so, specify.	
			· · · · · · · · · · · · · · · · · · ·
		1000	
Brie	f description of filing. (If filing follows ra	ates of an advisory organization, sp	ecify organization):
	ption of ISO's Revised Loss Costs usin		
1.63	<u> </u>		
		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	- -
* /	Adjusted in Senat On II No Shate Changes Change in Company special minimum level wh	S.	
** (hange in Company spremum level wh	hich will result from application of n	ew rates.
	_		
	FEB 1.5 2005		
		ITE STATE INSURANCE COMPANY	
	000000000000000000000000000000000000000	Name of Company	
	SPRINGFIELD, ILLINOIS		
	Doroth	hy L. Todd	
		Official - Title	·

Form (RF.3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	vel produced by rate revision effective	-
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety _		· · · · · · · · · · · · · · · · · · ·
Boiler and Machinery _	15,527 (through 3rd quarter 2004)	-20%
9. Fire _		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Ellie of Madranee		
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify: <u>N</u>	lo
Brief description of filing. (If filing follows r Prospective Loss Cost Revision.	ates of an advisory organization, specify orga	anization): Adoption of ISO Advisory
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rates.	
	Canadanidah	Jacuranas Campany
		Insurance Company me of Company
	Sarah B. Mir	ns; Assistant Secretary
		Official - Title



Form ((RI	F-3)

SUMMARY SHEET ___

Change in Compa	ny's premium or rate level produced by rate
revision effective	8/1/05

(1) <u>Coverage</u>	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
. Surety	\$574	-20.0%
Boiler and Machinery Book Fire	<u>Ψυ/+</u>	-20.070
). Extended Coverage		
. Inland Marine		
. Homeowners		
. Commercial Multi-Peril		
. Crop Hail		
. Other		
Line of Insurance		-
pes filing only apply to certain territor	y(s) or certain class(s)? If so, specify:	
loption of ISO's Revised Loss Costs	ws rates of an advisory organization, spusing our current loss cost multiplier of on #(s) BM-2004-RLA1	
doption of ISO's Revised Loss Costs	using our current loss cost multiplier of	
* Adjusted to reflect all prior rate charge in Company's premium lev	using our current loss cost multiplier of on #(s) BM-2004-RLA1 nges. el which will result from application of notes that the company is a second of the com	ew rates.
*Adjusted to reflect all prior rate characters of ILLINOIS/IDEPRINTED FEB 1 5 2005	using our current loss cost multiplier of on #(s) BM-2004-RLA1 nges. el which will result from application of n	ew rates.

Form ((RF-3)
--------	--------

Change in Compar	y's premium or rate level produced by rate
revision effective	8/1/05

	(1)	(2) Statewide Annual	(3) Percent Change
	Coverage	Premium Volume *	(+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
a	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery	\$1,267,310	-20.0%
	Fire	41,207,010	
	Extended Coverage		-
	Inland Marine		
-	Homeowners —		
	Commercial Multi-Peril		
			
L	1.000 maii		
	Crop Hail Other		
5.	Other Line of Insurance		
oe:	Other Line of Insurance s filing only apply to certain territory(s) of description of filing. (If filing follows retotion of ISO's Revised Loss Costs using	tes of an advisory organization, sp g our current loss cost multiplier of	
5. oe: rief	Other Line of Insurance s filing only apply to certain territory(s) of description of filing. (If filing follows rates to the other territory).	tes of an advisory organization, sp g our current loss cost multiplier of	
rief	Other Line of Insurance s filing only apply to certain territory(s) of the description of filing. (If filing follows rate of ISO's Revised Loss Costs using ISO Revision Designation #(state of ILL) Adjusted to reflect all noter rate changes. The description of ISO's Revision Designation #(state of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL) Adjusted to reflect all noter rate changes. The description of ILL)	tes of an advisory organization, sp g our current loss cost multiplier of s) BM-2004-RLA1	ew rates.
oes	Other Line of Insurance s filing only apply to certain territory(s) of the secretary of t	tes of an advisory organization, sp g our current loss cost multiplier of s) BM-2004-RLA1 ich will result from application of n	ew rates.

Form (RF	⊢-:3)
----------	-------

Change in Compar	y's premium or rate level produced by rate
revision effective	8/1/05

	(1) Coverage	(2) Statewide Annual Premium Volume *	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	3 ,	<u></u>	
5.			
6.			
7.	Surety OF INSURANCE	\$13,416	-20.0%
٥. ٥	Boiler and Machine AN OF INSURANCE Fire STATE OF ILLINOISHDEPR Extended Coverage	\$13,416	-20.076
9. 10	Extended Coverage - 2005		
10. 11.	1 E /(III)		
	-Homeowners-		
13.	Commercial Multi-Peril ULINOIS		
14.	Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
15.			·
	Line of Insurance		" - "
Doe	s filing only apply to certain territory(s) or	certain class(s)? If so, specify:	
Ado	f description of filing. (If filing follows rate ption of ISO's Revised Loss Costs using	our current loss cost multiplier of	organization):
1.63	ISO Revision Designation #(s)) BM-2004-RLA1	4.4.4

NEW HAMPSHIRE INSURANCE COMPANY

Name of Company

Dorothy L. Todd

Official - Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in Company's premium level which will result from application of new rates.

Form (RF.3)

ILLINOIS DEPARTMENT OF INSURANCE

SI	JMM/	ARY 9	:HFFT

Change in Company's premium or rate	e level produced by rate revision effective	August 1, 2005
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercia 	al	
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	83,045 (through 3rd quarter 2004)	-20%
9. Fire		
 Extended Coverage Inland Marine 		
12. Homeowners13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		·
15. OtherLine of Insurance		
Does filing only apply to certain territor	y (territories) or certain classes? If so, specify: <u>N</u>	0
December Lane Cost Devision	vs rates of an advisory organization, specify orga	
*Adjusted to reflect all prior rate chang		
**Change in Company's premium leve	which will result from application of new rates.	
	XL Insur	ance America, Inc.
		me of Company
		ns, Assistant Secretary
		Official - Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

FEB - 3 2005

SPRINGFIELD, ILLINOIS

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level production	luced by rate revision effective	07/01/2005
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. surety	700 600	
8. Boiler and Machinery	788,000	+12.0%
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners	<u> </u>	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Poes filing only apply to certain territory (territories Brief description of filing . (If filing follows rates of Independent Rate and Rule filing for Equip	an advisory organization, specify organ	ization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Westport I	nsurance Corporation ne of company
		•
DIVISION OF INSUI	Danie Sno	ok D&DS Specialist
STATE OF ILLINOIS/I	ED	ok, P&RS Specialist Official-Title
	1	
SPRINGFIELD, ILLII	NOIS	